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NO. EV530944926US PTO/SB/22 (10-04) ugh 07/31/2006. OMB 0651-0031 DEPARTMENT OF COMMERCE splays a valid OMB control number.	
kat Number	<b>'</b>

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket	Number .419C13	
FY 2005 (Fees pursuant to the Consolidated Appropriation)	ons Act. 2005 (H.R. 48	(18).)		
Application Number 10/079,137	,		February 20, 2002	
For COMPOSITIONS AND METHODS FOR THE	THERAPY AND DI	AGNOSIS OF B	REAST CANCER	
Art Unit 1631		Exami Mary I	ner K. Zeman	
This is a request under the provisions of 37 CF reply in the above identified application.	FR 1.136(a) to exten	d the period for fil	ing a	
The requested extension and fee are as follow fee below):	s (check time period	desired and ente	er the appropriate	
_	<u>Fee</u>	Small Entity Fee	2	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 3	7 CFR 1.27.		•	
A check in the amount of the fee is enclose				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this				
application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required				
or credit any overpayment, to Deposit Ac	count Number 19-10	90. I have enclo	sed a	
duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
Lam the Classificantinus	:	•		
I am the ∐ applicant/inventor.				
☐ assignee of record of the entire interest. See 37 CFR 3.71  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registr		10/36/90).		
attorney or agent under 37 CFR 1.3				
Registration number if acting under				
Child V with		May 26, 2005		
// Signature		Date		
Julie A. Urvater, Ph.D., Patent Agent		206-622-4900		
7 Typed or printed name		Telephone Nur	mber	
NOTE: Signatures of all the inventors or assignees of re	cord of the entire inter	est or their represer	ntative(s) are required.	

Submit multiple forms if more than one signature is required.

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